


Class	Subclass	ISSUE CLASSIFICATION
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PATENT NUMBER

O.I.P.E. <u>15</u> SCANNED <u>GTH(4)</u> Q.A. <u>CTP</u>	PATENT DATE _____
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<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____ <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	<div> <div>_____ (Assistant Examiner) _____ (Date)</div> <div>_____ (Primary Examiner) _____ (Date)</div> <div>_____ (Legal Instruments Examiner) _____ (Date)</div> </div>			NOTICE OF ALLOWANCE MAILED	
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